

WEST NILE VIRUS EQUINE SAMPLE SUBMISSION FORM

COLORADO DEPARTMENT OF AGRICULTURE
ANIMAL INDUSTRY DIVISION - VETERINARY SECTION

ROCKY MOUNTAIN REGIONAL ANIMAL HEALTH LABORATORY
2331 WEST 31st AVENUE, DENVER, CO 80211 TEL: (303) 477-0049 FAX: (303) 458-7857

LAB. ACC. NO.

ADDRESS IF DIFFERENT FROM OWNER CITY STATE ZIP CODE TELEPHONE I HEREBY CERTIFY THAT THIS IS A CORRECT RECORD OF SAMPLES COLLECTED BY ME: SIGNATURE (ACCREDITED VETERINARIAN) DATE SAMPLED FOR LABORATORY USE ONLY PRINT LAST NAME LICENSE NO. DATE READ BY NAME OF LABORATORY STREET ADDRESS MAILING ADDRESS CITY STATE ZIP CODE TESTED FOR TESTED FOR REMARKS SAMPLE DATE OF ONSET: Primary SAMPLE DATE OF ONSET: Primary Secondary Last Booster Unknown None None SYMPTOMS: Muscle fasiculations Ataxia/Paralysis Hyper-excitability Convulsions/Twitching Recumbant Incoordination Depressed Down Off Feed Asymptomatic Other:	NAME OF OWNER: LAST		FIRST	FIRST				LOCATION OF ANIMAL (MUST be filled out) COUNTY				
TELEPHONE IHEREBY CERTIFY THAT THIS IS A CORRECT RECORD OF SAMPLES COLLECTED BY ME: SIGNATURE (ACCREDITED VETERINARIAM) DATE SAMPLED FOR LABORATORY USE ONLY PRINT LAST NAME LICENSE NO. DATE READ BY NAME OF LABORATORY STREET ADDRESS MAILING ADDRESS CITY STATE IDENTIFICATION AGE BREED SSX AGE AGE BREED SSX AGE AGE AGE AGE AGE AGE AGE AG	STREET ADDRESS											
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